ColumBus Transit

ColumBus Transit Application & Authorization to Release Information Regarding Eligibility for ColumBus Transit Call-A-Bus

To be completed by Applicant. Please print clearly.

/ understand that to be certified to use Call-A-Bus under the guidelines of the Americans with Disabilities Act (ADA) / must have a disability which makes me unable to use ColumBus fixed route bus service. Unable means that it is impossible or it causes severe or continuing pain. / understand that discomfort, occasional pain, age, or distance to the nearest bus stop do not by themselves constitute an ADA eligible disability.

/ hereby authorize the professional listed below to provide information to ColumBus Transit regarding my ability to use Call-A-Bus fixed route bus service. / understand that all information will be kept confidential.

Applicant's signature _____ **Date** _____
Print Name _____
Street address _____
Mailing address _____
City _____ **Zip code** _____
Telephone: Home _____ **Work** _____
Accessible format materials required? **Braille** **Large print** **Audio cassette**

The professional identified below must be one of the following currently licensed professionals: registered nurse, physician, clinical social worker, psychologist, physical therapist, occupational therapist, speech pathologist, vocational rehabilitation specialist, or recreation therapist.

Name of professional _____
Clinic or agency _____
Street address _____
City _____ **Zip** _____
Telephone _____

In case of emergency, contact:
Name _____
Street address _____
Telephone: Home _____ Work _____
Relationship to applicant _____

If this application has been completed by someone other than the applicant.
Signature _____ Date _____